

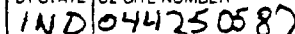


R05-8307-04B

IN 155

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 <b>POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT</b>				<b>I. IDENTIFICATION</b> 01 STATE   02 SITE NUMBER IN   INDC44250587	
<b>II. SITE NAME AND LOCATION</b>					
01 SITE NAME (Legal, common, or descriptive name of site) <u>Industrial Disposal Corp</u>			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <u>2000 Mary Ave.</u>		
03 CITY <u>East Chicago</u>			04 STATE <u>IN</u>	05 ZIP CODE <u>46312</u>	06 COUNTY <u>Lake</u>
09 COORDINATES LATITUDE <u>41 32 30.0</u>			LONGITUDE <u>87 36 30.1</u>		
07 COUNTY CODE <u>89</u>			08 CONG DIST <u>1</u>		
10 DIRECTIONS TO SITE (Starting from nearest public road) <u>eastside of Chino Ave North of the Indiana Toll Road and south of the Grand Calumet River</u>					
<b>III. RESPONSIBLE PARTIES</b>					
01 OWNER (if known) <u>Laidlaw Waste Systems</u>			02 STREET (Business, mailing, residential) <u>Spermining Wheel Road</u>		
03 CITY <u>Hinsdale</u>			04 STATE <u>IL</u>	05 ZIP CODE <u>60521</u>	06 TELEPHONE NUMBER <u>1</u>
07 OPERATOR (if known and different from owner) <u>George Helak</u>			08 STREET (Business, mailing, residential) <u>2000 Mary Avenue</u>		
09 CITY <u>East Chicago</u>			10 STATE <u>IN</u>	11 ZIP CODE <u>46312</u>	12 TELEPHONE NUMBER <u>(219) 397-2664</u>
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (RCRA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES    DATE _____ MONTH DAY YEAR <input type="checkbox"/> NO <u>several</u>			BY (Check all that apply) <input checked="" type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____		
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN			03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR <u>present</u> <input type="checkbox"/> UNKNOWN		
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED <u>Filed under RCRA as a transporter</u>					
EPA Region 5 Records Ctr.  303875					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION <u>spills on public roads (environment, population)</u>					
<b>V. PRIORITY ASSESSMENT</b>					
01 PRIORITY FOR INSPECTION (Check one if high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (inspection required promptly) <input type="checkbox"/> B. MEDIUM (inspection required) <input type="checkbox"/> C. LOW (inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (no further action needed, complete current disposition form)					
<b>VI. INFORMATION AVAILABLE FROM</b>					
01 CONTACT <u>George Oliver</u>			02 OF (Agency/Organization) <u>Indiana State Board of Health</u>		03 TELEPHONE NUMBER <u>317 633-0213</u>
04 PERSON RESPONSIBLE FOR ASSESSMENT <u>Stephen White</u>			05 AGENCY <u>ISBH</u>	06 ORGANIZATION <u>LPC</u>	07 TELEPHONE NUMBER <u>317 633-8550</u>
			08 DATE <u>1/31/84</u> MONTH DAY YEAR		



<input type="checkbox"/> A. TOXIC	<input type="checkbox"/> E. SOLUBLE	<input type="checkbox"/> I. HIGHLY VOLATILE
<input type="checkbox"/> B. CORROSIVE	<input type="checkbox"/> F. INFECTIOUS	<input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. RADIOACTIVE	<input type="checkbox"/> G. FLAMMABLE	<input type="checkbox"/> K. REACTIVE
<input type="checkbox"/> D. PERSISTENT	<input type="checkbox"/> H. IGNITABLE	<input type="checkbox"/> L. INCOMPATIBLE
		<input type="checkbox"/> M. NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
IND 044250587

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☒ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: 20

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

truck Drivers loader's and unloaders

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: .50

(Acres)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

potential for spills

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IND 044250587

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills, runoff, standing liquids, leaking drums)  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

IV. COMMENTS

This company does haul and dispose of hazardous waste but not at the office address which this is.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)